PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 98/99 463

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED AND FILED
99 APR 23 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13970

1. Corporation Name

WHISPERING LAKES H.A. OF PINELLAS COUNTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % ANGELINE CHACONAS<br>3829 LOUIS CIRCLE<br>TARPON SPRINGS FL 34689 | % ANGELINE CHACONAS<br>3829 LOUIS CIRCLE<br>TARPON SPRINGS FL 34689 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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-04/23/99--01072--004
****131.25 ****131.25

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 555 Whispering Lks Blvd | 555 Whispering Lks Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Tarpon Springs, FL | Tarpon Springs, FL |
| City & State | City & State |
| 34689 USA | 34689 USA |
| Zip / Country | Zip / Country |
| c/o Amy Denton | c/o Amy Denton |

4. Date Incorporated or Qualified To Do Business in Florida: 03/21/1986

5. FEI Number: 59-2829090 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | City / State / Zip 4 |
|---|---|---|---|
| ~~STD~~ | ~~CHACONAS, GUS N.~~ | ~~3829 LOUIS CIR~~ | ~~TARPON SPRINGS FL~~ |
| ~~PD~~ | ~~CHACONAS, ANGELINE~~ | ~~3829 LOUIS CIR~~ | ~~TARPON SPRINGS FL~~ |
| ~~VD~~ | ~~LARES, PAUL~~ | ~~3137 FIESTA DR.~~ | ~~DUNEDIN FL~~ |
| D/P | Denton, Amy L. | 555 Whispering Lakes Blvd. | Tarpon Springs, FL 34689 |
| D | Sivsarchuk, Al | 3843 Georgia Court | Tarpon Springs, FL 34689 |
| D | Stein, Mark | 595 Manisha Place | Tarpon Springs, FL 34689 |

8. Name and Address of Current Registered Agent

~~CHACONAS, ANGELINE~~
~~360 WHISPERING LAKES BLV~~
~~3829 LOUIS CIRCLE~~
~~TARPON SPRINGS FL 34689~~

9. Name and Address of New Registered Agent

Name: Mr. Steven Mezer, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1212 Court Street
Suite, Apt. #, Etc.: Suite B
City: Clearwater
State: FL Zip Code: 33756

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Pres. - STEVEN H. MEZER Date: 3-31-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Amy L. Denton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Amy L. Denton

3/23/99 (727) 937-0234
Date Daytime Phone #

CR2E045 (4/98)